

CHAMPVA POLICY MANUAL

CHAPTER 2
SECTION 9.2
TITLE: OUTPATIENT DIABETES SELF-MANAGEMENT TRAINING

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4; 42 CFR 410, 414, 424, 480, 498; and
PPI# 98-03

I. EFFECTIVE DATE(S)

October 1, 2000

II. PROCEDURE CODE(S)

HCPCS G0108-G0109

III. DEFINITION

Diabetes means diabetes mellitus, a condition of abnormal glucose metabolism diagnosed using the following criteria: (1) a fasting blood sugar greater than or equal to 126 mg/dL on two different occasions; (2) a 2 hour post-glucose challenge greater than or equal to 200 mg/dL on 2 different occasions; or (3) a random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.

IV. DESCRIPTION

A diabetes outpatient self-management and training program educates beneficiaries in the successful management of diabetes. The program includes the following criteria: (1) education about self-monitoring of blood glucose, diet and exercise; (2) an insulin treatment plan developed specifically for the patient who is insulin-dependent; and (3) motivates patients to use the skills for self-management.

V. POLICY

A. Outpatient **DSMT (Diabetes Self-Management Training) services** are covered when the attending physician or qualified non-physician certifies that the patient requires a comprehensive plan of care to manage his/her diabetes. **The plan must include a statement signed by the physician or qualified non-physician that the service is needed as well as the following:**

1. the number of initial or follow-up hours ordered (not to exceed 10 hours of training);

2. the topics to be covered in training (initial training hours can be used for the full initial training program or specific areas such as nutrition or insulin training); and
3. a determination that the beneficiary should receive individual or group training.

B. The services must be provided by:

1. an otherwise authorized individual professional provider who also meets the National Standards for Diabetes Self-Management Education programs recognized by the ADA (American Diabetes Association), or
2. a provider who is Medicare certified to provide outpatient diabetes self-management training services.

VI. POLICY CONSIDERATIONS

A. A beneficiary who has any one of the following medical conditions occurring within a 12-month period prior to a physician's order for diabetes training is eligible for coverage under this program.

1. New onset diabetes.
2. Evidence of inadequate glycemic control from HbA1C level determinations of 8.5 percent 3 or more months apart in the year before the beneficiary receives initial training.
3. A change in a treatment regimen from no diabetes medication to any with diabetes medication, or from oral diabetes medication to insulin.
4. High risk for complications based on poor glycemic control; documented acute episodes of severe hypoglycemia; or acute severe hyperglycemia occurring in the past year during which the beneficiary needed third party assistance for either an emergency room visits or hospitalization.
5. High risk based on at least one of the following documented complications:
 - a. lack of feeling in the feet, or other foot complications such as foot ulcer, deformities, or amputation,
 - b. pre-proliferative or proliferative retinopathy or prior laser treatment of the eye, or
 - c. kidney complications related to diabetes when manifested by albuminuria or elevated creatinine, without other cause.

B. Conditions for Coverage.

1. Admission into a Medicare approved outpatient diabetes self-management training program must be ordered by a certified provider (attending physician or qualified nonphysician practitioner or entity) treating the beneficiary's diabetes. By signing the order, the physician is certifying the self-management training to be reasonable and medically necessary for the beneficiary.

2. A comprehensive plan of care that describes the content, number, frequency, and duration of the training services are required.

3. Except under certain circumstances, training will be conducted in-group sessions consisting of 2 to 20 individuals.

4. Individual training sessions will be covered only when a group session is not available within 2 months of the physician's order:

a. if the beneficiary's physician certifies that he or she has special needs resulting from conditions that would hinder effective participation in a group training session, **that is**, severe language or physical challenges, such as, impaired hearing or sight), or

b. in situations when there is a geographic barrier that would hinder a beneficiary from attending group sessions.

C. Types and Frequency of Training.

1. The initial outpatient diabetes self-management training will cover up to ten, 1-hour sessions of initial training within a continuous 12-month period for those beneficiaries meeting the conditions described in A. One session of this training may be used for assessment of the individual's training needs.

2. Additional training of up to two, 1-hour, sessions each year will be allowed for each beneficiary who completes the initial training phase. A group session, unless an individual session is needed, is based on the same criteria as listed above. The need for the annual session must be documented by the attending physician or qualified nonphysician practitioner.

3. Other situations that would qualify a beneficiary for an annual session, for example, might include a change in functional abilities. These situations must also be documented by the physician or qualified nonphysician practitioner within the patient's records.

D. Claims Submissions.

Diabetic self-management training claims will be processed in accordance with [Chapter 3, Section 5.1](#), *Outpatient and Inpatient Professional Provider Reimbursement*.

E. Benefits are cost-shared only for services directly related to the beneficiary. Although the training of caregivers cannot be cost-shared, caregivers are encouraged to attend the training with the beneficiary.

F. Providers should bill for their professional services using HCPCS codes G0108 and G0109. When billing for these codes the provider must provide a copy of their "Certificate of Recognition" from the ADA.

VII. EXCLUSIONS

A. Beneficiaries who are inpatients in a hospital, skilled nursing home, hospice, or nursing home would not simultaneously be eligible for services under this program. It is the responsibility of the staff at these facilities to provide effective disease management instructions as part of the basic care and treatment while the beneficiary is an inpatient of that facility.

B. Counseling services that are not medically necessary in the treatment of a diagnosed medical condition. [38 CFR 17.272(a)(33)]

END OF POLICY